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Department of Health Services
Toxic Substances Control Division
Sacramento, California State of California—Health and Welfare Agency Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST 3. Generator's Name and Mailing Address	Manifest Document No.	2. Page of A.State	Informatis not law. Manifest D	require	ne shaded areas d by Federal t Number
Douglas Aircraft Co. 190th & Normandie 4. Generator's Phone (533-6677 Torrance, CA 90502			92435 Generator's	3 / ID	
21/31/30/21/21/2	ID Number	C.State	Transporter	's ID"/	08718
011 Process Co. C A D 0 5 0 8	ID Number	E.State	sporter's Pho Transporter sporter's Pho	s ibi J	585-5063
9. Designated Facility Name and Site Address 10. US EPA	ID Number	G.State	Facility's IC)	
CASMALIA P.O. Box E NTU Road Casmalia, Ca 93429 C A D O 2 O			lity's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID N	lumber) 12.Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Sodium Hydroxide Liquid Corrosive - UN1824	001	TT	04500	6	121
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		•	And the second second		
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J. Additional Descriptions for Materials Listed Above	• •	<u> </u>			es Listed Above
Sodium Hydroxide 8% 6% P.H. 12 Sodium Aluminate 6% 4% Sulfur 6% 4% Water 80% 86% 15. Special Handling Instructions and Additional Information Guide # Use gloves, goggles, respirator - May cause seve		skin	ZEMPRO	5083	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this contents above by proper shipping name and are classified, packed, marked, and labely for transport by highway according to applicable international and nation	ed, and are in all r	espects	in proper cond	ribed dition	Date
Printed/Typed Name Signature					
Donald C. Gerber sh Carl Land					[ESS] 1/3 8/4
T 17. Transporter 1 Acknowledgement of Receipt of Materials	1 1 1 V	*	· ·		Date Month Day Year
Printed/Typed Name Signature Month Day N. 213					
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name Signature			e.		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials litem 19.	covered by this m	anifest	except as not	ed in	Date
Printed/Typed Name Signature					Month Day Year
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